

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA AS-  
TRO PAC**

ADDRESS (number and street)

**8280 Willow Oaks Corporate Drive**☒(Check if address  
is changed)**Suite 500****Fairfax****VA****22031**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	8

3. FEC IDENTIFICATION NUMBER

**C C00384602**

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Ms. Laura Thevenot**

Signature of Treasurer

Electronically Filed by **Ms. Laura Thevenot**

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

American Society for Therapeutic Radiology and Oncology

Mailing Address

8280 Willow Oaks Corporate Drive

Suite 500

Fairfax

VA

22031

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected Org.

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☒ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Ms. Emily Wilson**

Mailing Address **8280 Willow Oaks Corporate Drive**

**Suite 500**

**Fairfax** **VA** **22031** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer** **703** **839** **7364**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Ms. Laura Thevenot**

Mailing Address **8280 Willow Oaks Corporate Drive**

**Suite 500**

**Fairfax** **VA** **22031** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** **703** **839** **7302**

Telephone number - -

Full Name of Designated Agent **Ms. Emily Wilson**

Mailing Address **8280 Willow Oaks Corporate Drive**

**Suite 500**

**Fairfax** **VA** **22031** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer** **703** **839** **7364**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Bank of America**

Mailing Address **Post Office Box 27025**

**Richmond** **VA** **23261** - **7025**

**CITY ▲ STATE ▲ ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲ STATE ▲ ZIP CODE ▲**